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## FACSIMILE COVER SHEET

THIS MESSAGE HAS 18 PAGES INCLUDING THIS SHEETTO: Commissioner for Patents – U.S. Patent OfficeFAX NO.: (703) 872-9306FROM: Robert M. BrushDATE: April 11, 2005MATTER: Serial No. 10/712,807 Filed: 11/13/03DOCKET NO.: GLBL-041APPLICANT: van Diggelen

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

☐ Petition  
☐ Disclosure Statement & PTO-1449  
☐ Priority Document  
☐ Drawings (     sheets) informal  
☒ Response to Office Action dated 12/9/04

☒ Transmittal Letter (2 copies)  
☐ Fee Transmittal (2 copies)  
☒ Deposit Account Transaction  
☒ Facsimile Transmission Certificate  
Dated April 11, 2005  
☒ Petition for Extension of Time

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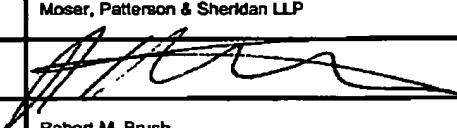
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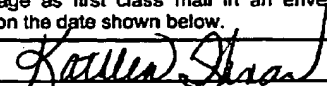
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/712,807
	Filing Date	11/13/03
	First Named Inventor	van Diggelen
	Art Unit	3662
	Examiner Name	Linda D. Phan
Total Number of Pages in This Submission	Attorney Docket Number	GLBL-041

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Certificate of Facsimile transmission
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Date	April 11, 2005	Reg. No.	45,710

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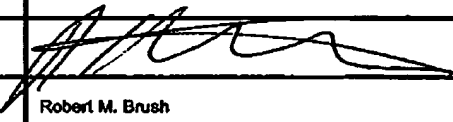
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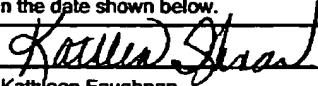
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